

## CARDIAC ARRHYTHMIAS

### IMPACT OF DRONEDARONE STARTED RAPIDLY AFTER AMIODARONE DISCONTINUATION

ACC Oral Contributions  
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**Background:** Dronedaronone (D), a new multichannel blocker for atrial fibrillation/flutter (AF/AFL), may be indicated for pts on prior amiodarone (A). Given the electrophysiological profile and long half-life of A, we evaluated the effect of starting D after A discontinuation.

**Methods:** In EURIDIS and ADONIS studies, 828 and 409 AF/AFL pts were randomized after conversion to SR to D (400 mg bid) or placebo (PI) for 1 yr. A subgroup of 98 D and 56 PI pts (63.5 y, 35.7% women [W]) were switched from A to D within 48 h.

**Results:** D decreased AF/AFL recurrence compared to PI (HR=0.64 [95% CI 0.44-0.95], P=0.022) in this subgroup. Rates of adverse events (AEs), specifically bradyarrhythmia, in this subgroup were compared to 334 PI and 680 D pts (62.8 y; 29.7% W) with no previous A use and a smaller group of 17 and 35 pts (65.5 y; 30.8% W) switched >48 h (Table). There were slightly more bradyarrhythmic events leading to drug discontinuation and numerically more QTc-prolongations in switch pts, as expected from the pharmacodynamic profile of the drugs. Rate of serious AEs was low and similar across groups with no episodes of torsades de pointes.

**Conclusions:** This post hoc analysis of a small patient cohort switched rapidly from A to D resulted in good tolerability; further study is warranted.

Adverse events following switch from amiodarone to dronedaronone

Events	A switch ≤ 48 H		A switch > 48H		No previous A	
	PI	D	PI	D	PI	D
	n=56	n=98	n=17	n=35	n=334	n=680
Deaths (n)	1	1	1	2	2	5
Rate of non fatal events (%)						
Serious AEs - bradyarrhythmia	14.3 0	15.3 1	11.8 0	17.1 0	16.2 0.9	13.7 1.3
AEs with drug discontinuation - bradyarrhythmia	3.6 0	8.2 3.1	11.8 0	20.0 0	6.3 0	9.1 0.7
PR-interval ≥ 200 msec and increase ≥ 20 msec vs baseline	14.5	25.8	12.5	22.9	12.8	28.0
QTc-Fridericia ≥ 500 msec	3.6	7.9	6.7	14.3	0.3	4.4